

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31532

FILED SEP 25 1943

Registration District No. 3128

Primary Registration District No. 2001 2000

State File No. _____

Registrar's No. 755

1. PLACE OF DEATH:

- (a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burge Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULLNAME Elmer Franklin Evans

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive NX years
7. Birth date of deceased May 15 1943
(Month) (Day) (Year)

8. AGE: Years 0 Months 3 Days 27 If less than one day hr. min.

9. Birthplace San Bernardino California
(City, town, or county) (State or foreign country)

10. Usual occupation Baby

11. Industry or business _____

- MOTHER FATHER { 12. Name Elmer Frank Evans
13. Birthplace West Line Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Matilda Irene Head
15. Birthplace Higgins Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Elmer Frank Evans
(b) Address San Bernardino Calif
17. (a) Buried (b) Date thereof Sept 13 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt Vernon Mo

18. (a) Signature of funeral director Max A. Houser

(b) Address Mt Vernon Mo

19. (a) 9-13-43 (b) W B Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State California (b) County San Bernardino
(c) City or town San Bernardino 999
(If outside city or town limits, write "RURAL") 4
(d) Street No. 131 E 4th St 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 11
year 1943 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from 9/9/43
to 9/10/43, 1943.
that I last saw him alive on 9/10 and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation - after
rupture of
Due to Emphysema
lt. lower lobes 3da.
Due to _____

Other conditions
(Include pregnancy within 3 months of death) 108

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(f) Means of injury ☉
23. Signature Ernest Houser (M. D. or other)
Address Mt Vernon Mo Date signed 9/13/43

OCT 29 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Max R. Forrest

Licensed Embalmer No. *4252*

P. O. Address.....

Mt Vernon Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.